

MEDICAL RECORD -- SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-400; the proponent agency is the Office of the Surgeon General.

REPORT TITLE	EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP) CONSIDERATION WARRANTED	OTSG APPROVED (Date)
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1. EFMP enrollment consideration is warranted for this family member.
2. The following supporting documentation was reviewed:
<input type="checkbox"/> DA Form 5862-R, Army Exceptional Family Member Program Medical Summary. <input type="checkbox"/> DA Form 5291-R, Army Exceptional Family Member Program Educational Summary. <input type="checkbox"/> Individualized Education Plan. <input type="checkbox"/> Individualized Family Service Plan. <input type="checkbox"/> Asthma/Reactive Airway Disease Summary. <input type="checkbox"/> Mental Health Summary. <input type="checkbox"/> Other:
3. Diagnosis:
4. Health care and service providers needed:
5. Medications required on a routine basis:
6. Documentation was processed and forwarded to the North Atlantic Regional Medical Command Coding Team at Walter Reed Army Medical Center for final determination.

(Continue on reverse)

PREPARED BY (Signature & Title)	DEPARTMENT/SERVICE/CLINIC	DATE
PATIENT'S IDENTIFICATION (For typed or written entries give: Name--last, first, middle; grade; date; hospital or medical facility)		<input type="checkbox"/> HISTORY/PHYSICAL <input type="checkbox"/> FLOW CHART <input type="checkbox"/> OTHER EXAMINATION OR EVALUATION <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> DIAGNOSTIC STUDIES <input type="checkbox"/> TREATMENT
Name:	DOB:	
FMP/SSN:	Gender:	